

1. Health,
& Welfare
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v. 1-56

Securing the identical certification in the same manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44051
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1224

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Springfield</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Handley</u>		Length of stay in lb <u>40yrs.</u>		d. STREET ADDRESS <u>I225 N Hampton St</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>LYDIA</u> First <u>HANCOCK</u> Middle Last				4. DATE OF DEATH Month <u>12</u> Day <u>20</u> Year <u>57</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH (month & day) <u>1884</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>		IF UNDER 24 HRS. Hours <u>18</u> Min. <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Humansville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Henry King</u>				14. MOTHER'S MAIDEN NAME <u>Nancy Walker</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT Address <u>Ida Fisher 1028 N Hampton St.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of bladder</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>181 X</u>	
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20a. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>11-8-57</u> to <u>11-20-57</u> and last saw her <u>her</u> alive on <u>11-8-57</u> Death occurred at <u>10:10 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) <u>Edna Williams</u>				22b. ADDRESS <u>1715 Booneville, Springfield Mo.</u>			
22c. DATE SIGNED <u>12-21-57</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-23-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>	
24. FUNERAL DIRECTOR <u>H. Y. Smith</u>		ADDRESS <u>602 N. Jefferson St.</u>		25. DATE RECD. BY LOCAL REG. <u>12-23-57</u>		26. REGISTRAR'S SIGNATURE <u>Edna Williams</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Herbert V. Smith*

Licensed Embalmer No. *4286*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.